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09/987,656	11/15/2001	Masashi Yasuda	1560-0373P-SP	7457

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EXAMINER	
COBANOGLU, DILEK B	
ART UNIT	**PAPER NUMBER**
3626	

DATE MAILED: 02/28/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/987,656	YASUDA ET AL.	
	Examiner	Art Unit	
	Dilek B. Cobanoglu	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *15 November 2001*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

1. Claims 1-20 have been examined.

Claim Rejections - 35 USC § 102

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

3. Claims 1-4, 7, 9, 10, 14-18 and 20 are rejected under 35 U.S.C. 102(e) as being unpatentable by Lebel et al. (U.S. Patent No. 6,873,268 B2).

A. As per claim 1, Lebel et al. discloses a health control system comprising:

i. a communication device or ambulatory medical device for health control for acquiring information of health condition indicating the health condition of a target person of diagnosis by a doctor (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); and

ii. an information processing apparatus or communication device capable of communicating with said communication device for health control (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); wherein:

iii. said communication device for health control includes a processor capable of performing an operation of transmitting said acquired information of health condition and target person identifying information identifying said target person from whom said information of health condition is acquired, to said information processing apparatus (Lebel et al.; col. 3, lines 25-33 and col. 28, line 57 to col. 29, line 4); and

iv. said information processing apparatus includes a processor (Lebel et al.; col. 3, lines 33-45) capable of performing the following operations of

v. evaluating the health condition of said target person on the basis of said received information of health condition; and notifying the evaluation result by said evaluating operation separately to said target person specified by said received target person identifying information and to said doctor carrying out said diagnosis on said target person (Lebel et al.; col. 29, lines 53-66).

B. As per claim 2, Lebel et al. discloses a health control system according to claim 1 wherein:

i. said processor of said information processing apparatus is further capable of performing an operation of storing identifying information of the communication device for health control for identifying said communication device for health control, in

association with said target person identifying information (Lebel et al.; col. 28, line 57 to col. 29, line 4);

ii. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the notification to said target person (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

iii. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation to said communication device for health control specified by said identifying information of the communication device for health control association with said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

C. As per claim 3, Lebel et al. discloses a health control system according to claim 1 further comprising

i. a communication device for diagnosis used for the diagnosis of the health condition of said target person by said doctor (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17), wherein:

ii. said processor of said information processing apparatus is further capable of performing an operation of storing identifying information of the communication device for diagnosis for identifying said communication device for diagnosis, in association

with said target person identifying information (Lebel et al.; col. 28, lines 57 to col. 29, line 4);

iii. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the notification to said doctor (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

iv. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation to said communication device for diagnosis specified by said identifying information of communication device for diagnosis association with said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

D. As per claim 4, Lebel et al. discloses a health control system according to claim 3, wherein:

i. said communication device for diagnosis includes a processor capable of performing the following operations of (Lebel et al.; col. 3, lines 25-33):

ii. accepting target person identifying information and chart information indicating the chart of said target person; and transmitting said target person identifying information and said chart information accepted by said accepting operation to said

information processing apparatus (Lebel et al.; col. 24, lines 33-44); and

iii. said information processing apparatus further includes a storage unit of chart information for storing said received chart information in association with said received target person identifying information (Lebel et al.; col. 32, lines 1-25).

E. As per claim 7, Lebel et al. discloses a health control system according to claim 1 wherein:

i. said communication device for health control further includes (Lebel et al.; col. 3, lines 25-44):

ii. a dialogic diagnosis unit for carrying out dialogic diagnosis on said target person, accepting a reply to a question for dialogic diagnosis, and outputting reply information indicating said accepted reply (Lebel et al.; col. 6, line 66 to col. 7, line 16); and

iii. a detection unit for detecting the physiological condition of said target person and then outputting physiology information indicating said detected physiological condition (Lebel et al.; col. 6, line 66 to col. 7, line 16); and

iv. said health control system is configured so as to transmit said reply information output by said dialogic diagnosis unit and said physiology information output by said detection unit, as said information of health condition to said information processing apparatus (Lebel et al.; col. 6, line 66 to col. 7, line 16).

F. As per claim 9, Lebel et al. discloses a health control system according to claim 7 wherein: said dialogic diagnosis unit includes:

i. a voice generating unit for generating a plurality of voice messages for dialogic diagnosis (Lebel et al.; col. 24, lines 33-44); and

ii. a voice recognizing unit for detecting the voice of said target person and then recognizing said detected voice (Lebel et al.; col. 24, lines 33-44); and

iii. said reply information is generated on the basis of the result of said voice recognition by said voice recognizing unit (Lebel et al.; col. 24, lines 33-44).

G. As per claim 10, Lebel et al. discloses a health control system according to claim 7 wherein said detection unit is attachable to the body of said target person (Lebel et al.; col. 6, line 66 to col. 7, line 16).

H. As per claim 14, Lebel et al. discloses an information processing apparatus comprising a processor capable of performing the following operations of

i. receiving target person identifying information for identifying a target person of diagnosis by a doctor and information of health condition indicating the health condition of said target person (Lebel et al.; col. 28, line 57 to col. 29, line 4);

ii. evaluating the health condition of said target person specified by said target person identifying information, on the basis

of said information of health condition received by said receiving operation (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

iii. notifying the evaluation result by said evaluating operation separately to said target person and said doctor carrying out said diagnosis on said target person (Lebel et al.; col. 29, lines 53-66).

I. As per claim 15, Lebel et al. discloses an information processing apparatus according to claim 14 wherein:

i. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the notification to said target person (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

ii. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation, on the basis of said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

J. As per claim 16, Lebel et al. discloses an information processing apparatus according to claim 14 wherein:

i. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the

notification to said doctor (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

ii. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation, on the basis of said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

K. As per claim 17, Lebel et al. discloses an information processing apparatus according to claim 14 wherein:

i. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the notification to a nurse (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

ii. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation, on the basis of said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

L. As per claim 18, Lebel et al. discloses a health control system comprising:

i. a communication device for health control for acquiring information of health condition indicating health condition of a target person of diagnosis by a doctor (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); and

ii. an information processing apparatus capable of communicating with said communication device for health control (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); wherein:

iii. said communication device for health control includes transmitting means for transmitting said acquired information of health condition and target person identifying information for identifying said target person from whom said information of health condition is acquired to (Lebel et al.; col. 3, lines 25-33 and col. 28, line 57 to col. 29, line 4)

iv. said information processing apparatus; and said information processing apparatus includes: evaluating means for evaluating health condition of said target person on the basis of said received information of health condition (Lebel et al.; col. 29, lines 53-66); and

v. notifying means for notifying the evaluation result by said evaluating means separately to said target person specified by said received target person identifying information and to said doctor carrying out said diagnosis on said target person (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7).

M. As per claim 20, Lebel et al. discloses an information processing apparatus comprising:

i. receiving means for receiving target person identifying information for identifying a target person of diagnosis by a doctor

and information of health condition indicating the health condition of said target person (Lebel et al.; col. 28, line 57 to col. 29, line 4);

ii. evaluating means for evaluating the health condition of said target person specified by said target person identifying information, on the basis of said information of health condition received by said receiving means (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

iii. notifying means for notifying the evaluation result by said evaluating means separately to said target person and said doctor carrying out said diagnosis on said target person (Lebel et al.; col. 29, lines 53-66).

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. Claims 5, 6, 8, 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lebel et al. (U.S. Patent No. 6,873,268 B2) in view of Thompson et al. (U.S. Patent Publication No. 2002/0077841 A1).

A. As per claim 5, Lebel. et al. discloses a health control system according to claim 1 further comprising: a communication device (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17), wherein:

i. said processor of said information processing apparatus is further capable of performing an operation of storing identifying information of the communication device for nursing for identifying said communication device for nursing, in association with said target person identifying information (Lebel et al.; col. 28, line 57 to col. 29, line 4);

ii. said evaluating operation is configured so as to generate information of evaluation result indicating the evaluation result of the health condition of said target person to be used for the notification to said nurse (Lebel et al.; col. 29, lines 53-66 and col. 39, line 61 to col. 40, line 7); and

iii. said notifying operation is configured so as to transmit said information of evaluation result generated by said evaluating operation to said communication device for nursing specified by said identifying information of the communication device for nursing association with said received target person identifying information (Lebel et al.; col. 29, lines 53-66).

Lebel et al. fails to expressly teach visit nursing of a target person by a nurse carrying out nursing on said target person, per se, since it appears that Lebel et al. is more directed to provide a communication device that is used directly by the patient as opposed to being limited to use by a physician, nurse, or technician (Lebel et al.; col. 24, lines

5-9). However, this feature is well known in the art, as evidenced by Thompson et al.

In particular, Thompson et al. discloses a communication device for nursing to be used for visit nursing of a target person by a nurse carrying out nursing on said target person (Thompson et al. ; abstract and par. 0014).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the communication device that is used directly by the patient as opposed to being limited to use by a physician, nurse, or technician with the communication device for nursing to be used for visit nursing of a target person by a nurse carrying out nursing on said target person with the motivation of interviewing the patient might bring to light symptoms that are not related to medical device. (Thompson et al; par. 0046).

B. As per claim 6, Lebel. et al. discloses a health control system comprising:

i. a communication device for health control for acquiring information of health condition indicating the health condition of a target person (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); and

ii. an information processing apparatus capable of communicating with said communication device for health control; wherein (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17):

iii. said communication device for health control includes a processor capable of performing an operation of transmitting said acquired information of health condition and target person identifying information identifying said target person from whom said information of health condition is acquired, to said information processing apparatus (Lebel et al.; col. 3, lines 25-33 and col. 28, line 57 to col. 29, line 4); and

iv. said information processing apparatus includes a processor (Lebel et al.; col. 3, lines 33-45) capable of performing the following operations of

v. evaluating the health condition of said target person on the basis of said received information of health condition; and notifying the evaluation result by said evaluating operation separately to said target person specified by said received target person identifying information and to said nurse carrying out said nursing on said target person (Lebel et al.; col. 29, lines 53-66).

The obviousness of modifying the teaching of Lebel et al. to include the visit nursing of a target person by a nurse carrying out nursing on said target person (as taught by

Thompson et al) is as addressed above in the rejection of claim 5 and incorporated herein.

C. As per claim 8, Lebel. et al. discloses a health control system according to claim 6 wherein:

i. said communication device for health control further includes (Lebel et al.; col. 3, lines 25-44):

ii. a dialogic diagnosis unit for carrying out dialogic diagnosis on said target person, accepting a reply to a question for dialogic diagnosis, and outputting reply information indicating said accepted reply (Lebel et al.; col. 6, line 66 to col. 7, line 16); and

iii. a detection unit for detecting the physiological condition of said target person and then outputting physiology information indicating said detected physiological condition (Lebel et al.; col. 6, line 66 to col. 7, line 16); and

iv. said health control system is configured so as to transmit said reply information output by said dialogic diagnosis unit and said physiology information output by said detection unit, as said information of health condition to said information processing apparatus (Lebel et al.; col. 6, line 66 to col. 7, line 16).

The obviousness of modifying the teaching of Lebel et al. to include the visit nursing of a target person by a nurse carrying out nursing on said target person (as taught by

Thompson et al) is as addressed above in the rejection of claim 5 and incorporated herein.

D. As per claim 19, Lebel. et al. discloses a health control system comprising:

i. a communication device for health control for acquiring information of health condition indicating health condition of a target person (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); and

ii. an information processing apparatus capable of communicating with said communication device for health control; wherein (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17):

iii. said communication device for health control includes transmitting means for transmitting said acquired information of health condition and target person identifying information for identifying said target person from whom said information of health condition is acquired, to said information processing apparatus (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17); and

iv. said information processing apparatus includes (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17):

v. evaluating means for evaluating the health condition of said target person on the basis of said received information of health condition; and notifying means for notifying the evaluation result by said evaluating means separately to said target person specified by said received target person identifying information and to said

nurse carrying out said nursing on said target person (Lebel et al.; col. 29, lines 53-66).

The obviousness of modifying the teaching of Lebel et al. to include the visit nursing of a target person by a nurse carrying out nursing on said target person (as taught by Thompson et al) is as addressed above in the rejection of claim 5 and incorporated herein.

6. Claims 11 and 12 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lebel et al. (U.S. Patent No. 6,873,268 B2) in view of Haller et al. (U.S. Patent Publication No. 2002/0082665 A1).

A. As per claim 11, Lebel. et al. discloses a health control system according to claim 1 (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17)

Lebel et al. fails to expressly teach processor of said information processing apparatus is further capable of performing an operation of calculating accounting information indicating a charge to said target person depending on the information provided to said target person, per se, since it appears that Lebel et al. is more directed to provide an implantable medical device and an external communication device sending commands and receiving information (Lebel et al.; col. 24, lines 1-17). However, this feature is well known in the art, as evidenced by Haller et al.

In particular, Haller et al. discloses processor of said information processing apparatus is further capable of performing an operation of calculating accounting information indicating a charge to said target person depending on the information provided to said target person (Thompson et al.; par. 0179 and 0180).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the implantable medical device and an external communication device sending commands and receiving information with information processing apparatus performing an operation of calculating accounting information indicating a charge to said target person depending on the information provided to said target person with the motivation of automated and streamlined billing and invoicing methods that increase patient empowerment, lower health care costs and result in the delivery of more customized and timely therapies and remedial actions to patient. (Thompson et al; par. 0183).

B. As per claim 12, Lebel. et al. discloses a health control system according to claim 3.

Lebel et al. fails to expressly teach processor of said information processing apparatus is further capable of performing an operation of calculating accounting

information a charge to said doctor or health care provider who uses said communication device for diagnosis, per se, since it appears that Lebel et al. is more directed to provide an implantable medical device and an external communication device sending commands and receiving information (Lebel et al.; col. 24, lines 1-17). However, this feature is well known in the art, as evidenced by Haller et al. In particular, Haller et al. discloses processor of said information processing apparatus is further capable of performing an operation of calculating accounting information indicating a charge to said doctor or health care provider who uses said communication device for diagnosis (Thompson et al.; par. 0179 and 0180).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the implantable medical device and an external communication device sending commands and receiving information with information processing apparatus performing an operation of calculating a charge to said doctor who uses said communication device for diagnosis with the motivation of automated and streamlined billing and invoicing methods that increase patient empowerment, lower health care costs and result in the delivery of more customized and timely

therapies and remedial actions to patient. (Thompson et al; par. 0183).

7. Claim 13 is rejected under 35 U.S.C. 103(a) as being unpatentable over Lebel et al. (U.S. Patent No. 6,873,268 B2) and Thompson et al. (U.S. Patent Publication No. 2002/0077841 A1) in view of Haller et al. (U.S. Patent Publication No. 2002/0082665 A1).

A. As per claim 13, Lebel. et al. discloses a health control system according to claim 5 (Lebel et al.; col. 3, lines 7-24 and col. 24, lines 1-17)

Lebel et al. fails to expressly teach processor of said information processing apparatus is further capable of performing an operation of calculating accounting information a charge to said nurse or health care provider depending on the information provided to said nurse, per se, since it appears that Lebel et al. is more directed to provide an implantable medical device and an external communication device sending commands and receiving information (Lebel et al.; col. 24, lines 1-17). However, this feature is well known in the art, as evidenced by Haller et al. In particular, Haller et al. discloses processor of said information processing apparatus is further capable of performing an operation of calculating accounting information indicating a charge to said nurse or health care provider depending on the information provided to said nurse

or health care provider (Thompson et al.; par. 0179 and 0180).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the implantable medical device and an external communication device sending commands and receiving information with information processing apparatus performing an operation of calculating a charge to said nurse or health care provider depending on the information provided to said nurse with the motivation of automated and streamlined billing and invoicing methods that increase patient empowerment, lower health care costs and result in the delivery of more customized and timely therapies and remedial actions to patient. (Thompson et al; par. 0183).

Conclusion

8. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used art teach "Method for mediating social and behavioral processes in medicine and business through an interactive telecommunications guidance system" 5,722,418 A, "Determination of orientation of electrocardiogram signal in implantable medical devices" 6,115,630 A, "Method for ischemia detection and apparatus for using same" 6,128,526 A, "Cardiopulmonary monitoring" 2002/0082867, "Method and apparatus for communicating between an ambulatory medical device and a control device via

telemetry using randomized data" 2002/0173830, "Method, system and computer program product for internet-enabled, patient monitoring system" 2003/0036683, "Ambulatory medical apparatus with hand held communication device" 2003/0055406, "Microprocessor controlled ambulatory medical apparatus with hand held communication device" 6,562,001 B2, "Method and apparatus for communicating between an ambulatory medical device and a control device via telemetry using randomized data" 6,564,105 B2, "System and method for collection, distribution, and use of information in connection with health care delivery" 2004/0078220, "Cardiopulmonary monitoring" 6,858,006 B2.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 7-3:30.

10. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

11. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

DBC
Art Unit 3626
02/08/2006

C. LUKE GILLIGAN
PATENT EXAMINER